

KANSAS HIV/STD SURVEILLANCE UPDATE

Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention

The Kansas AIDS Ribbon was designed by the Kansas Capitol Chapter of the American Red Cross to raise hope and awareness in the state of Kansas and support the fight against HIV/AIDS.

VOL. 5 #1 March 2004

"Studies have shown that genital ulcer infections, such as syphilis, may increase the risk of HIV transmission 10-50 times for male-to-female through vaginal sex and 50 to 300 times for female-to-male through vaginal sex, according to the Institute of Medicine..."

See page 2 for Article "How Important are Bacterial Sexually Transmitted Diseases?"

The Kansas HIV/STD Surveillance Update along with additional information may be obtained from our Web site: http://www.kdhe.state.ks.us/hiv-std

Printed copies of this newsletter are available upon request.

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Our Mission:

The HIV/STD section works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and other STDs. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection, and the provision of treatment and clinical care services.

HIV/STD Surveillance Update is a semi-annual publication of the Kansas Department of Health and Environment with funding assistance from the Centers for Disease Control and Prevention.

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STD Main Office785-296-5596
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Ryan White Title II Services785-296-8701/8891 or 316-337-6136
HIV STD Surveillance Director 785-368-8218
HIV Prevention Director
HIV Counseling/Testing 785-296-5588
HIV/STD Training/Education 785-296-6545

HIV/STD Partner Notification. 785-296-6177

Ryan White Title II and HIV/STD Surveillance Collaboration Effort

In November of 2003, the Ryan White Title II Program and the HIV/STD Surveillance Program introduced a new Medical Eligibility Form for the Ryan White Title II Program. This new form replaces all prior Medical Eligibility Forms used in the enrollment process for Title II. It also doubles as the case report form (required for proper reporting in the state of Kansas).

Prior to implementation of the new form, HIV/STD Surveillance and Title II would coordinate information on new clients accessing services in addition to monthly data collaboration. This process was not only tedious but also unreliable, depending on staffing at the time. Additionally, it was discovered that of Medical Eligibility Forms that indicated that a case report had been filed, 75 percent had no documented case report.

The two programs decided that the best way to ensure proper reporting of clients would be to incorporate the case report form as part of the Medical Eligibility Form for Title II. Funding for the Title II program, as well as prevention activities, are dependant upon these numbers, which are reported to CDC. This became clear when the two programs found that more than 50 clients accessing Title II CARE and AIDS Drug Assistance Program services had **not** been reported to the HIV/STD Surveillance Program. This presented a loss of potential funding to the Ryan White Title II Program at more than \$78,000 (or \$1,500 per person per year).

If a case does not get reported to the Surveillance Program in time for reporting to CDC, it is not factored into the funding formula. Regardless of whether the clients were counted in the funding formula, they were accessing the services. This issue became clear as funds declined from federal grantees (HRSA and CDC). It became imperative to make sure the HIV/STD Section maximize all opportunities to ensure necessary funding. As with any new system, there were some initial questions about the new form. However, it quickly became clear that this collaboration had created a very positive outcome. Specifically:

- Improved accuracy, and completeness of information
- Reduced provider time required to complete necessary medical eligibility and reporting forms
- Immediate reporting to Surveillance is achieved
- Disease Intervention Specialists are notified sooner resulting in quicker Partner Counseling and Referral Services

As data requests increase for programs, the need for complete reporting to Surveillance becomes more and more important. This collaboration is just one more example of how the programs of KDHE are continually working together to provide the best service possible to our community.

HIV Rapid Testing in Kansas

The Kansas Department of Health and Environment (KDHE) HIV/STD Section will be incorporating HIV rapid testing into its HIV Prevention interventions in 2004. The HIV/STD program has recently awarded seven "enhanced" HIV testing grants that will begin on July 1, 2004 and is working closely with the KDHE Division of Health and Environmental Laboratories to ensure that the program meets Clinical Laboratory Information Act (CLIA) requirements associated with the use of the FDA approved and waived HIV rapid test OraQuick. As other tests are approved, they will be considered for use in association with the program.

The incorporation of HIV rapid testing is not designed to supplant existing testing technology but to enhance HIV testing efforts by more closely linking HIV testing with HIV prevention interventions and Ryan White case management activities. The program will continue to utilize traditional blood based EIA/Western Blot technology through its health department based HIV testing infrastructure. The program will also continue to use the oral OraSure test linked with Prevention.

This multi-step approach will allow the program to continue to provide HIV testing access within 75 miles of all Kansas citizens and enable our programs to take testing technology to the populations at risk in association with outreach prevention and other activities such as testing partners to positive people already in care. The advantage of taking testing to populations at risk for contracting HIV is that we can better find disease.

The program has already moved in this direction with some success. In advance of HIV rapid testing, the program integrated oral testing for HIV with HIV Prevention and Ryan White Case Management in May of 2000. As of December 31, 2003 the program has maintained positive test results in more than one percent of all tests given. This compares with the traditional HIV testing program based in clinic settings of below .3 percent. Contractors utilizing the oral testing have been able to illustrate that taking testing to the populations at risk can help public health find disease. Approximately one third of the positives from this program have been partners to people already in care. The rest of the positives have represented either prevention linked testing or testing associated with Partner Counseling and Referral Services (PCRS). The incorporation of rapid testing will hopefully further improve our ability to find HIV disease and perform PCRS as well as refer patients into care services including Ryan White case management thereby intervening in the disease process.

HIV rapid testing through the KDHE program is anticipated to begin as of July 1, 2004. Until then people who are at risk for HIV can get tested at one of

our more than 80 sites in the state or by contacting our regional HIV Prevention and Case Management contractors. Information on public testing sites can be accessed through our Web site at http://www.kdhe.state.ks.us/hiv-std/ or by calling 785-296-6173. A downloadable statewide HIV/STD resource guide can also be accessed through the Web site.

How Important are Bacterial Sexually Transmitted Diseases?

Of the diseases that are mandatorily reportable in the United States, five of the top 10 are sexually transmitted diseases (STDs) (CDC, 2002). The two most frequently reported diseases in Kansas in 2003 were gonorrhea and chlamydia (with 7,150 and 2,595 cases of chlamydia and gonorrhea respectively reported in 2003). In the State of the Union Address, for probably the first time in history, the President of the United States used the term "sexually transmitted diseases." President Bush stated, "To encourage right choices, we must be willing to confront the dangers young people face, even when they are difficult to talk about. Each year, about three million teenagers contract sexually transmitted diseases that can harm them, or kill them, or prevent them from ever becoming parents.--- Decisions children make now affect their health and character for the rest of their lives. All of us parents, schools, and government must work together to counter the negative influence of the culture and to send the right messages to our children."

STDs in Kansas continue to be a serious public health problem. Chlamydia and gonorrhea are the leading causes of pelvic inflammatory disease (PID). Serious complications of PID include ectopic pregnancy (which leads to fetal/embryonic death) and infertility. Chlamydia is the leading cause of infertility in the state of Kansas.

While accounting for a small proportion of cases among the many reportable STDs in Kansas, syphilis remains important because of its role as a risk factor for HIV infection and transmission. Studies have shown that genital ulcer infections, such as syphilis, may increase the risk of HIV transmission 10-50 times for male-to-female through vaginal sex and 50 to 300 times for female-to-male through vaginal sex, according to the Institute of Medicine. Syphilis is also an important factor in infant health because congenitally acquired syphilis can result in severe infant morbidity and mortality.

2004 HIV PREVENTION TRAINING

%		T					1				Ī	
5. Basic HIV Education and Prevention \$35 Tueday, Wednesday, &	Thursday			Topeka 4/13/04-4/15/04		Wichita 6/15/04-6/17/04		Kansas City 8/17/04-8/19/04		Wichita 10/19/04-10/21/04		
4. Cultural Diversity Training: Serving African American Populations \$20 Thursday			Wichita 3/18/04				Kansas City 7/15/04				Salina 11/18/04	
3. The Training That Dare Not Speak It's Name & Cultural Diversity Training for Hispanic Populations \$20 Thursday	Topeka 1/15/04				Hays 5/20/04				Wichita 9/16/04			
2. Behavior Change Counseling Strategies \$20 Wednesday	Topeka 1/14/04		Wichita 3/17/04		Hays 5/19/04		Kansas City 7/14/04		Wichita 9/15/04		Salina 11/17/04	
HIVSTD Basic Training \$20 Tuesday	Topeka 1/13/04		Wichita 3/16/04		Hays 5/18/04		Kansas City 7/13/04		Wichita 9/14/04		Salina 11/16/04	
Month	January	February	March	April	May	June	July	August	September	October	November	December

WHO SHOULD ATTEND:

Although all interested persons are welcome to attend these training sessions, courses are designed for KDHE contractors.

HIV Counseling and Testing Site Counselors must attend courses 1 & 2 prior to beginning counseling clients.

HIV Prevention Health Education/Risk Reduction Contractors must complete courses 1, 2, & 5 during their first year of employment, and have at least one

Ryan White Title II CARE Case Managers must complete courses 1, 2, & 5 during their first year of employment. All contractors are strongly encouraged to attend courses 3 & 4. person certified in courses 3 & 4.

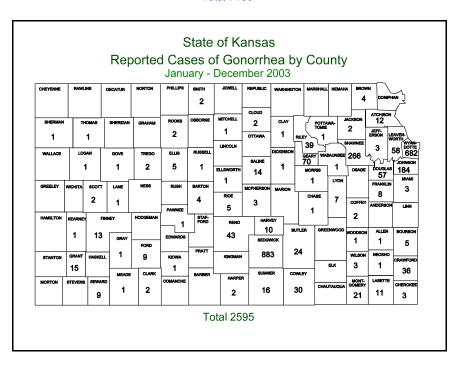
State of Kansas

Reported Cases of Chlamydia by County

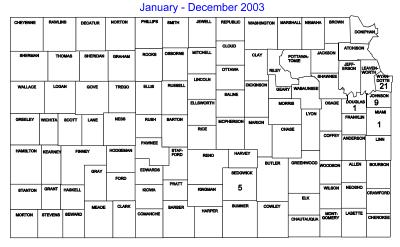
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Total 7150



State of Kansas Reported Cases of Early Syphilis by County



Total 37

Kansas Newly Reported, Prevalent, and Cumulative AIDS Cases Reported as of December 31, 2003

	Kansas Newly Reported AIDS Cases as of December 31,2003 ^A		Cas	revalent AIDS es as of er 31,2003 ^B	AIDS (Cumulative Cases as of er 31,2003 ^C	U.S. Cumulative AIDS Cases as of December 31, 2002 ^C		
	N	Percentage	N	Percentage	N	Percentage	N	Percentage	
Cases									
Adult/Adolescent	122	98.4	1,089	99.4	2,589	99.5	877,275	99.0	
Pediatric (<13 Years Old)	2	1.6	7	0.6	14	0.5	9,300	1.0	
Total	124	100.0	1,096	100.0	2,603	100.0	886,575	100.0	
Age									
<13 Years	2	1.6	7	0.6	14	0.5	9,300	1.0	
13 To 14 Years			1	0.1	3	0.1	839	0.1	
15 To 24 Years	6	4.8	74	6.8	137	5.3	35,460	4.0	
25 To 34 Years	31	25.0	420	38.3	1,069	41.1	301,278	34.0	
35 To 44 Years	51	41.1	414	37.8	934	35.9	347,860	39.2	
45 To 54 Years	24	19.4	150	13.7	317	12.2	138,386	15.6	
55 To 64 Years	10	8.1	27	2.5	93	3.6	40,584	4.6	
65 Years or Older			3	0.3	36	1.4	12,868	1.5	
Total	124	100.0	1,096	100.0	2,603	100.0	886,575	100.0	
Race/Ethnicity									
Hispanic	18	14.5	106	9.7	179	6.9	E	Е	
American-Indian Non-Hispanic	1	0.8	11	1.0	27	1.0	E	E	
Asian Non-Hispanic	1	0.8	1	0.1	1	0.0	E	E	
Black Non-Hispanic	35	28.2	244	22.3	470	18.1	E	E	
White Non-Hispanic	65	52.4	723	66.0	1,908	73.3	Е	E	
Old Asian/Pacific Islander Non-Hispanic ^D	2	1.6	7	0.6	13	0.5	Е	E	
Multi-Race Non-Hispanic	2	1.6	2	0.2	3	0.1	Е	E	
Unknown Non-Hispanic			2	0.2	2	0.1	E	Е	
Total	124	100.0	1,096	100.0	2,603	100.0	E	Е	
Gender									
Male	98	79.0	935	85.3	2,320	89.1	718,002	81.8	
Female	26	21.0	161	14.7	283	10.9	159,271	18.2	
Total	124	100.0	1,096	100.0	2,603	100.0	877,273	100.0	
Adult/Adolescent Exposure Category									
Men Who Have Sex with Men (MSM)	55	45.1	624	57.4	1626	62.9	420,790	48.0	
Injection Drug User (IDU)	9	7.4	108	9.9	246	9.5	240,268	27.4	
MSM and IDU	8	6.6	102	9.4	242	9.4	59,719	6.8	
Hemophilia and Coagulation Disorder			9	0.1	41	1.6			
High Risk Heterosexual Contact	16	13.1	156	14.4	248	9.6	135,628	15.5	
Transfusion/Transplant	3	2.5	14	1.3	52	2.0			
No Identified Risk (NIR)	31	25.4	74	6.8	129	5.0	20,868	2.4	
Total	122	100.0	1,087	100.0	2,584	100.0	877,273	100.0	
Pediatric (<13 Years) Category									
Hemophilia and Coagulation Disorder			2	22.2	5	26.3			
Mother with HIV	2	100.0	5	55.6	12	63.2	8,629	92.8	
Transfusion/Transplant			1	11.1	1	5.3			
No Identified Risk (NIR)			1	11.1	1	5.3	671	7.2	
Total	2	100.0	9	100.0	19	100.0	9,300	100.0	

A Newly Reported cases are cases reported between January 1, 2003 and December 31, 2003.

B Prevalent cases are those people presumed living in KS with HIV and AIDS.

C Cumulative cases are those people ever reported to have HIV and AIDS.

D As of 1-1-03 CDC requires all Surveillance Programs to collect Race/Ethnicity in the same manner as the Census Bureau

E US data is not available for the year 2003 and therefore race categories are not comparable.

Percentages may not add to 100% due to rounding.

Kansas Newly Reported, Prevalent, and Cumulative HIV Cases Reported as of December 31, 2003

	Kansas Newly Reported HIV Cases as of December 31,2003 ^A		Cas	revalent HIV es as of er 31,2003 ^B	Cas	mulative HIV es as of er 31,2003 ^C	U.S. Cumulative HIV Cases as of December 31, 2002		
	N	Percentage	N	Percentage	N	Percentage	N	Percentage	
Cases									
Adult/Adolescent	104	100.0	463	98.5	477	98.6	308,614	99.0	
Pediatric (<13 Years Old)			7	1.5	7	1.4	3,219	1.0	
Total	104	100.0	470	100.0	484	100.0	312,133	100.0	
Age									
<13 Years			7	1.5	7	1.4	3,219	1.0	
13 To 14 Years			2	0.4	2	0.4	391	0.1	
15 To 24 Years	13	12.5	76	16.2	76	15.7	40,896	13.1	
25 To 34 Years	49	47.1	185	39.4	189	39.0	115,468	37.0	
35 To 44 Years	26	25.0	137	29.1	141	29.1	100,294	32.1	
45 To 54 Years	14	13.5	49	10.4	52	10.7	37,763	12.1	
55 To 64 Years	2	1.9	12	2.6	13	2.7	10,647	3.4	
65 Years or Older			2	0.4	4	0.8	3,455	1.1	
Total	104	100.0	470	100.0	484	100.0	312,133	100.0	
Race/Ethnicity									
Hispanic	17	16.3	65	13.8	68	14.0	E	Е	
American-Indian Non-Hispanic			2	0.4	2	0.4	E	Е	
Asian Non-Hispanic	1	1.0	1	0.2	1	0.2	E	Е	
Black Non-Hispanic	34	32.7	120	25.5	121	25.0	Е	Е	
White Non-Hispanic	50	48.1	269	57.2	278	57.4	E	Е	
Old Asian/Pacific Islander Non-Hispanic ^D			1	0.2	2	0.4	Е	Е	
Multi-Race Non-Hispanic	2	1.9	2	0.4	2	0.4	Е	Е	
Unknown Non-Hispanic			10	2.1	10	2.1	Е	Е	
Total	104	100.0	470	100.0	484	100.0	Е	Е	
Gender									
Male	73	70.2	361	76.8	373	77.1	228,572	74.0	
Female	31	29.8	109	23.2	111	22.9	80,336	26.0	
Total	104	100.0	470	100.0	484	100.0	308,908	100.0	
Adult/Adolescent Exposure Category									
Men Who Have Sex with Men (MSM)	39	37.5	207	44.7	212	44.4	134,357	43.5	
Injection Drug User (IDU)	5	4.8	54	11.7	55	11.5	65,592	21.2	
MSM and IDU	6	5.8	31	6.7	32	6.7	17,758	5.7	
High Risk Heterosexual Contact	17	16.3	67	14.5	68	14.3	86,829	28.1	
Transfusion/Transplant			2	0.4	2	0.4			
No Identified Risk (NIR)	37	35.6	102	22.0	108	22.6	4,372	1.4	
Total	104	100.0	463	100.0	477	100.0	308,908	100.0	
Pediatric (<13 Years) Category									
Hemophilia and Coagulation Disorder			1	14.3	1	14.3			
Mother with HIV			6	85.7	6	85.7	2,754	85.6	
No Identified Risk (NIR)							465	14.4	
Total			7	100.0	7	100.0	3,219	100.0	

A Newly Reported cases are cases reported between January 1, 2003 and December 31, 2003.

B Prevalent cases are those people presumed living in KS with HIV and AIDS.

C Cumulative cases are those people ever reported to have HIV and AIDS.

D As of 1-1-03 CDC requires all Surveillance Programs to collect Race/Ethnicity in the same manner as the Census Bureau.

E US data is not available for the year 2003 and therefore race categories are not comparable.

Percentages may not add to 100% due to rounding.

Prevalent Adult/Adolescent AIDS Cases by Exposure and Gender Reported as of December 31, 2003

	N	I ale	Fe	male	Total	
	N	%	N	%	N	%
Adult/Adolescent Exposure Category						
Men who have sex with men (MSM)	624	67.1			624	57.4
Injection Drug User (IDU)	75	8.1	33	21.0	108	9.9
MSM and IDU	102	11.0	٠	•	102	9.4
Hemophilia and/or Coagulation Disorder	9	1.0			9	0.8
Heterosexual Contact	54	5.8	102	65.0	156	14.3
Sex with an IVDU	11		22		33	
Sex with other High Risk Partner	43		80		123	
Transfusion/Transplant	9	1.0	5	3.2	14	1.3
No Identified Risk (NIR)	57	6.1	17	10.8	74	6.8
TOTAL	930	100.0	157	100.0	1087	100.0

Percentages may not add to 100% due to rounding.

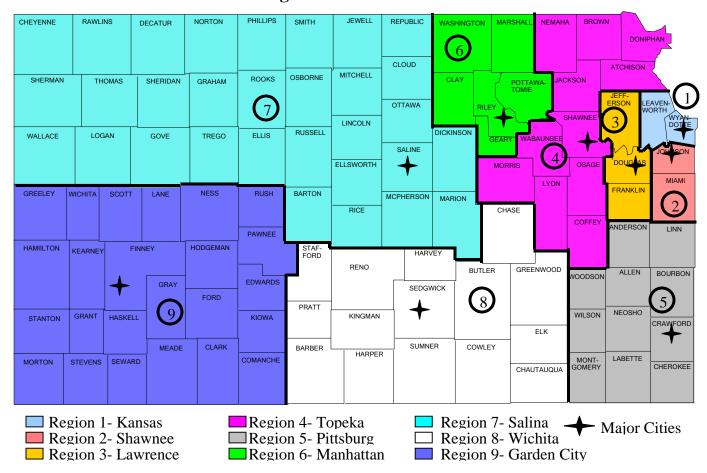
Prevalent Adult/Adolescent HIV Cases by Exposure and Gender Reported as of December 31, 2003

December 51, 2005								
	N	I ale	Fe	emale	Т	otal		
	N	%	N	%	N	%		
Adult/Adolescent Exposure Category								
Men who have sex with men (MSM)	207	57.7			207	44.7		
Injection Drug User (IDU)	33	9.2	21	20.2	54	11.7		
MSM and IDU	31	8.6			31	6.7		
Heterosexual Contact	21	5.9	46	44.3	67	14.5		
Sex with an IVDU	2		11		13			
Sex with other High Risk Partner	19		35		54			
Transfusion/Transplant	2	0.6			2	0.4		
No Identified Risk (NIR)	65	18.1	37	35.6	102	22.0		
TOTAL	359	100.0	104	100.0	463	100.0		

Percentages may not add to 100% due to rounding.

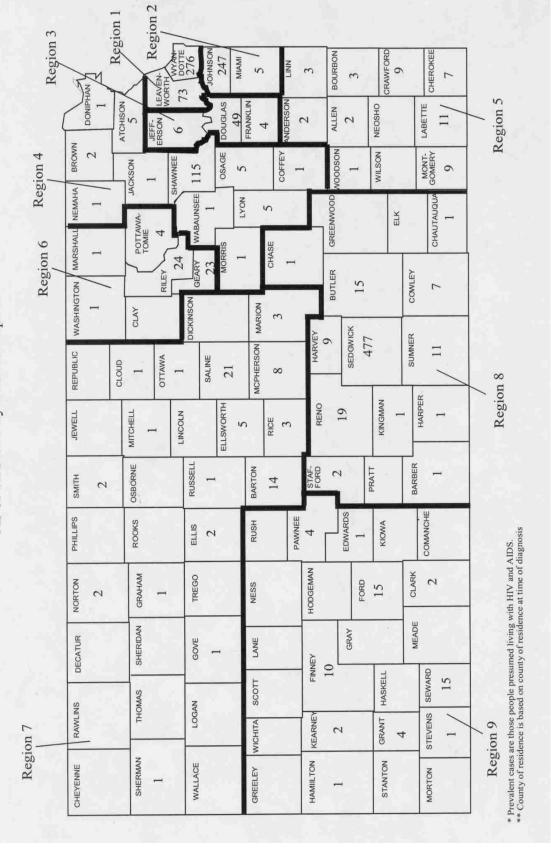
HIV Regions in Kansas

8



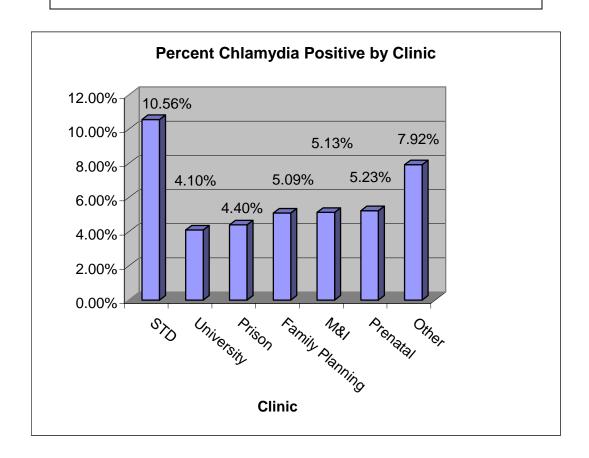
	Kansas Newly Reported AIDS Cases as of December 31,2003	Kansas Newly Reported HIV Cases as of December 31,2003	Kansas Prevalent AIDS Cases as of December 31,2003	Kansas Prevalent HIV Cases as of December 31,2003	Kansas Cumulative AIDS Cases as of December 31,2003	Kansas Cumulative HIV Cases as of December 31,2003
Region	N	N	N	N	N	N
1	30	19	260	89	521	92
2	13	25	176	76	438	78
3	4	4	45	14	106	14
4	12	6	101	37	261	41
5	3	2	28	19	120	19
6	2	8	33	20	90	20
7	8	6	45	22	102	22
8	48	28	378	167	891	170
9	4	6	30	25	74	27
Unknown				1		1
TOTAL	124	104	1096	470	2603	484

State of Kansas
Prevalent Cases of HIV and AIDS by County
As of 12/31/03 by Date of Report



Kansas Infertility Prevention Project (KIPP) January-December 2003

- ✓ KIPP sites screened 31,278 females for chlamydia in 2003. 1,961 or 6.3% were positive.
- ✓ 71.3% of tests were done in women between the ages of 15-24, and the same group accounted for 82.4% of the positive tests for chlamydia.
- ✓ STD clinics continue to have the highest percent positives when compared to other clinics.



Clinic	Number of Chlamydia Positive by Clinic
STD	694
University	62
Prison	28
Family Planning	918
M&I	96
Prenatal	92
Other	71

Kansas Infertility Prevention Project (KIPP) January-December 2003

KIPP sites screened 31,278 females for Chlamydia in 2003. 1,961 or 6.3% were positive.

